## **QUALIFYING PETITION** FOR FILING AS A PAUPER

	FOR				
	(Candidate's Name)				
TO:	(Name of Officer with whom petition is filed)				
	(Title of Officer)				
	Each of the undersigned persons does hereby PE	TITION TO QUALIFY			
	(Candidate's Name)	(Profession, business or occupation, if any)	······································		
who	resides at(Place of residence	e, with street and number, if any)	,		
to file	e as a PAUPER for the office of	, with street and number, it ally)	, as a		
	(Political party or body affiliation, if any)	to be filled at the(Name and date of primary of	or election)		

Each of the undersigned petitioners hereby declares that he or she is a duly QUALIFIED AND REGISTERED ELECTOR of the State of Georgia entitled to vote in the next election for the filling of the office sought by the candidate supported by this petition.

No person shall sign the same petition more than once.							
(Sign Only Your Own Name)	County of signers:						
Personal Signature (Print name under signature)	Residence Address (Number, street [if any], city)	County	Date				
1.							
2.							
3.							
4.							
5.							
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12.							
13.							
14.							
15.							
		<u> </u>					

Form C-QPP-00

## CIRCULATOR'S AFFIDAVIT

I, the undersigned	I, being first duly s	worn on oath	ı, do depose and s	say that I personally circ	culated the forego
petition sheet; that I resi					•
or her own name on this					, ,
or after	•			_	•
he best of my knowledg					
such petition, that their i					•
named in the caption of			out out of	and that they are	r reside in the coc
amount are support of					
				Signature of Circulator	
				(Print Name of Circulator)	
				( Time status of circulator)	
			Address of Circulator (Number, Street [if any])		
			(City)	(State)	(Zip Code)
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